THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplication of.:

Luba COHEN

Serial No.:

09/955,933

Filed:

September 20, 2001

Group Art Unit:

1651

For:

LICORICE EXTRACT FOR USE

AS A MEDICAMENT

Attorney Docket:

37229

Examiner:

WARE Deborah K.

9999999

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **PETITION TO CORRECT INVENTOR'S NAMES** UNDER 37 C.F.R. 1.48(a)

Sir:

This is Petition to Correct Inventor's Names, pursuant to 35 U.S.C. 256, for which a fee of \$ 130.00 is due. Please charge my Deposit Account 50-1407 for this fee, as well as any additional fees due. A duplicate copy of this form is enclosed.

The above-identified patent application, as filed, included one (1) Luba COHEN. By error, without deceptive intent, the name of one (1) additional inventor, Michael AVIRAM was left out. Statements and Declarations setting forth these facts are attached herewith, along with the Declarations of all the inventors. Consequently, please add Michael AVIRAM as an inventor to the above-identified patent application.

It should be noted that Luba Cohen refused to signe the newly submitted declaration on the grounds unrelated to her actually being an inventor, and had previously signed the Declaration on October 30, 2001 upon the filing of the Application.

Respectfully submitted,

Martin D. Movnihan Registration No. 40,338

Date: January 30, 2008

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Respectfully submitted,

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Martin D. Moynihan Registration No. 40,338

Date: January 30, 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Laba COHEN, et al

Scrial No.:

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Group Art Unit:

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Francisco Commence

Attorney Docket:

37229

Examiner.

WARE, Deborah K.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Assignee's consent to correction of inventorship

Six:

The undersigned, who is empowered to act on behalf of the actual assignee of the abovereferenced application as court appointed receiver, represents that the assignee, referenced application as court appointed receiver, represents that the assignee, Rendy-Made 37 Ltd., is the owner of the entire right, title and interest in U.S. Patent Application No. 09/955,933, as evidenced by an assignment executed by the inventor thoreof and received as a second of the court o and recorded on September 20, 2001, at Reel 012368, Frame 0939;

The assignee hereby consents to have the inventorship of the above-referenced application corrected by adding, as inventor, Michael AVIRAM, a chiecu of Israel, whose address is 57 Shvedia Street, 34980 Halfa, Israel. The evidentiary documents accompanying this consent, including those referred to in Rest 012368. Frame 0939, have been reviewed by the undersigned who is empowered to act on behalf of the assignee, and it is certified that to the best of the undersigned's knowledge and belief, title is in the above-identified assignee.

I hereby declare that all statements made hereix of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Tale 18 of the United States Code, and that such willful fides statements may jeopardize the validity of the application or any putent issuing thereon.

Rendy-Made 37 Ltd.

Signature

Name

: DR. H. KERMANSHACKI (HESKMAT) : President

Capacity

Date



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of ;

Luba COHEN, et al

Serial No.

09/955;933:111

Filed:

September-20, 2001

For:

Licorice Extract For Use As A

Medicament

Attorney Docker:

Group Art Unit:

3722

Examiner:

WARE, Deborah K.

Commissioner for Patquis P.O. Box 1450 Alexandria, VA 22313-1450

> STATEMENT OF FACTS OF INVENTOR MICHAEL AMRAM UNDER FYC. F.R. 148(a)

Sir:

- I, the undersigned, Michael AVIRAM, whose address is is 57 Shvedia Street.

  34980 Haifa Israel, do solemnly declare, as follows:
- 1. I have reviewed the above-identified U.S. Patent Application No. 09/953.933 titled "LICORICE EXTRACT FOR USE AS A MEDICAMENT", including the claims or record.
- I hereby state that I have made an inventive contribution to the subject matter claimed in the 09/955,933 application, whereby I am a co-inventor of the claimed subject matter of the 09/955,933 application.
- 3. I further state that the error in inventorship, of not including me as a co-inventor previously, occurred without any deceptive invention on my part.

I, the undersigned, further declars that all statements made herein of my own knowledge are true and that all statements made on information and beinef are believed to be true; and further, that these statements were made with knowledge that willful take statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the Unites States Code, and that such willful false statements may jeopardize the validity in the above-captioned application or any patent issuing therefrom.

Signed this 1 date of Right

\_\_\_ 2007

Michael AVIRAM

# THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Luba COHEN

Serial No.:

09/955,933

Filed:

For:

September 20, 2001

LICORICE EXTRACT FOR

**USE AS A MEDICAMENT** 

Examiner:

Deborah K. Ware

Group Art Unit:

\$\text{com} \text{com} \text{com}

1651

Attorney Docket:

37229

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **DECLARATION OF DR ITZHAK YOGEV**

- 1. I, Dr. Itzhak Yogev am an Israeli Patent Attorney working at Ehrlich & Fenster, which is the Israeli patent firm handling the above-identified application.
- 2. I caused a copy of a declaration for the above-identified application, where Luba Cohen and Michael Aviram are identified as co-inventors, to be sent to Luba Cohen for her execution on August 22, 2007.
- 3. After several reminders and phone calls, Luba Cohen directly and personally informed me, on October 29, 2007, that she is not willing to sign the declaration for reasons unconnected with inventorship.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false In re Application of: Luba Cohen

Serial No.: 09/955,933

Filed: September 20, 2001

Office Action Mailing Date: October 13, 2006

Examiner: Deborah K. Ware

Group Art Unit:

January 20, 2008.

Attorney Docket: 37229

statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United states Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Dr. Itzhak Yogev

Docket No. 37229

# **Declaration and Power of Attorney For Patent Application**

## **English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### LICORICE EXTRACT FOR USE AS A MEDICAMENT

| the s                      | specification of which                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                                                      |                                                                                           |  |  |  |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|--|--|--|--|
| Ц                          | is attached h                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                                                      |                                                                                           |  |  |  |  |  |
|                            | was filed on                                                                                                                                                                                                                                                                                                                                                                                                                                              | September 20, 200                                                      | as United States Appli                                                                                                                               | cation No. <del>or PCT</del>                                                              |  |  |  |  |  |
|                            | International                                                                                                                                                                                                                                                                                                                                                                                                                                             | Application Number _                                                   | 09/955,933                                                                                                                                           |                                                                                           |  |  |  |  |  |
|                            | and was ame                                                                                                                                                                                                                                                                                                                                                                                                                                               | nded on                                                                |                                                                                                                                                      |                                                                                           |  |  |  |  |  |
|                            | hereby state that I have reviewed and understand the contents of the above identified ecification, including the claims, as amended by any amendment referred to above.                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                                                      |                                                                                           |  |  |  |  |  |
| knowr<br>Section<br>availa | acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of federal Regulations, Section 1.56. Including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. |                                                                        |                                                                                                                                                      |                                                                                           |  |  |  |  |  |
| Sectional States paten     | on 365(b) of an<br>PCT Internation<br>s, listed below<br>t or inventor's                                                                                                                                                                                                                                                                                                                                                                                  | y foreign application(stall application which and have also identified | nder Title 35, United States s) for patent or inventor's cer designated at least one cou ed below, by checking the bo rnational application having a | tificate, or Section 365(a) of untry other than the United x, any foreign application for |  |  |  |  |  |
| Prior                      | Foreign Applic                                                                                                                                                                                                                                                                                                                                                                                                                                            | cation(s)                                                              |                                                                                                                                                      | Priority Not Claimed                                                                      |  |  |  |  |  |
| (Num                       | <b>138603</b><br>ber)                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Country)                                                              | L 21/SEPTEMBE<br>(Day/Month/Ye                                                                                                                       |                                                                                           |  |  |  |  |  |

| (Application Serial No.)                                                                                                                                                                                                                                                                                         | (Filing Date                                                                                                                                                                     | )                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| (Application Serial No.)                                                                                                                                                                                                                                                                                         | (Filing Date                                                                                                                                                                     | )                                                                                                                                           |
| (Application Serial No.)                                                                                                                                                                                                                                                                                         | (Filing Date                                                                                                                                                                     | )                                                                                                                                           |
| Section 365(c) of any PCT Internation nsofar as the subject matter of each United States or PCT International application. Section 112. I acknowledge the Office all the information known to make the perfection 1.56 which became available for PCT International filing date of this (Application Serial No.) | n of the claims of this applicat<br>oplication in the manner provid<br>ne duty to disclose to the Unite<br>ne to be material to patentabilit<br>between the filing date of the p | ion is not disclosed in the prior<br>led by the first paragraph of 35<br>d States Patent and Trademark<br>ty as defined in Title 37, C.F.R. |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  | (patented, pending, abandoned)                                                                                                              |
| (Application Serial No.)                                                                                                                                                                                                                                                                                         | (Filing Date)                                                                                                                                                                    | (Status) (patented, pending, abandoned)                                                                                                     |
| (Application Serial No.)  (Application Serial No.)                                                                                                                                                                                                                                                               | (Filing Date)                                                                                                                                                                    | (Status) (patented, pending, abandoned)  (Status) (patented, pending, abandoned)                                                            |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Martin D. MÖYNIHAN Registration Number 40,338

Send Correspondence to: Wartin D. MOYNIHAN

PRTSI, Inc.

P.O. Box 16446

Arlington, Virginia 22215

Direct Telephone Calls to: (Name and telephone number)

Martin D. MOYNIHAN Tel. No. (703) 598-7851

Fax No. (703) 415-4864

| FULL NAME OF SOLE C    | R FIRST INVENTOR   | ···   | Luba COHEN         |                                       |             |                   |  |
|------------------------|--------------------|-------|--------------------|---------------------------------------|-------------|-------------------|--|
| Sole or first inventor | s signature        |       |                    | · · · · · · · · · · · · · · · · · · · | Date        |                   |  |
| Residence              | 5 Narkls Street,   | 29500 | Kiryat-Yam, Israel | <del></del>                           |             | •                 |  |
| Citizenship            | : Israeli          | 1     |                    |                                       |             | <del></del>       |  |
| Post Office Address    | : 5 Narkis Street, | 29500 | Kiryat-Yam, Israel |                                       | <del></del> | <u>-</u> <u>-</u> |  |

| FULL NAME OF SECO   | OND INVENTOR, IF ANY     | Michael AVIR        | AM          | Table Barrier | CONTRACTOR OF THE PERSON NAMED IN COLUMN 1 | nereicherweisenen deur er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------|--------------------------|---------------------|-------------|---------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Second Inventor's   | ignature                 | avvian              |             | Date          | Augu                                       | t 1,207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Residence .         | : 57 Shvedla Street, 349 | 80 - Haifa : Israel | <del></del> | ····          |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Citizenship         | : Israell ::             |                     | · '. · ·    | ••••          | <del></del>                                | water to the state of the state |
| Post Office Address | 57 Shvedia Street, 349   | 80 Haifa, Israel    |             |               |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                     |                          |                     |             |               |                                            | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |